

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020695

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 384Primary Registration District No. 3039Registrar's No. 409

FILED JUN 11 1963

1. PLACE OF DEATH

a. COUNTY Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Brookfield

Length of stay in 1b

3 1/2 Wks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION McLarney Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Chariton

c. CITY

OR TOWN Salisbury

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

810 S. Broadway

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

PAULHENDRIXCARTER

4. DATE OF DEATH

Month

Day

Year

June 1, 1963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct 6 1889 73

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telephone Co. Owner

10b. KIND OF BUSINESS OR INDUSTRY

Telephone Co.

11. BIRTHPLACE (City and state or country)

Hardin, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Eli Monroe Carter

13b. MOTHER'S MAIDEN NAME

Augusta Renfro

14. NAME OF HUSBAND OR WIFE

Ethel Ward Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

188

17. INFORMANT

Mrs. Paul Carter, Salisbury, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Epilepsy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 22, 1963 to June 1, 1963 and last saw him alive on May 31, 1963

Death occurred at

4:45 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

J. L. Harns

22b. ADDRESS

107 W 3rd St Salisbury Mo 63-63

22c. DATE SIGNED

6-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/3/1963

23c. NAME OF CEMETERY OR CREMATORY

Sunset Memorial Gardens

23d. LOCATION (City, town, or county)

Moberly, Mo.

23e. REGISTRAR'S SIGNATURE

Anna Welton

24. FUNERAL DIRECTOR

ADDRESS

Chas. B. Winkelmeier, Salisbury Mo.

25. DATE RECD. BY LOCAL REG.

6-8-1963

26. REGISTRAR'S SIGNATURE

Anna Welton

961 9 AON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Donald W Berry, Student Embalmer No. 674

working under my personal supervision.

Student

Donald W Berry
Signature of Student Embalmer

Signed

Chas B Winkelmeier

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.